



The Indiana Family and Social Services Administration

Division of Disability and Rehabilitative Services Quarterly Provider Meeting

January 30, 2014





Agenda:

Update on DDRS staffing

General direction of the
organization

HCBS Regulation Update

BQIS:

Contractor changes and updates

BRS:

Results Based Funding Analysis

First Steps:

Submission of APR

BDDS:

Group home conversion

Updates

Wellness Coordination

FSW Wait list

Stateline

Provider Portal



DDRS Updates:

DDRS Staff:

BDDS: Julie Reynolds, Director of Policy

Vacancy: BDDS Director, BDDS Director of Client Services

BRS: Kylee Hope, Director

First Steps: Cathy Robinson, Director

Provider Relations: Beth Goodrich, Director

Leslie Jones, Provider Specialist

Matt Rodway, Consumer Specialist

BQIS: Vacant



General Direction of the Agency:

To develop, finance and **compassionately** administer programs to provide healthcare and other social services to Hoosiers in need in order to enable them to achieve **healthy, self-sufficient** and **productive** lives.



Strategies for Implementation

- Data collection and tracking
- Revise all staff's performance goals and measure success based upon KPIs
- Find ways to publicly post our strengths and weaknesses within the KPIs.
- Evaluate and receive feedback from staff about unmet needs
- Continue to have a presence from Central Office to Field Offices
- Improve our technology to make the work more efficient and effective



Why are these important?

- Allows us to have measureable outcomes to show growth and progress
- Allows a system with clear expectations
- Allows for greater internal and external accountability
- Builds a sustainable system
 - *Ultimately improves the outcomes of those we serve.....*



Where is our Focus?

- People First
- System improvement
- Building capacity and sustainability



Home and Community Based Services Regulation:

The final rule addresses several sections of Medicaid law under which states may use federal Medicaid funds to pay for home and community-based services (HCBS). The rule supports enhanced quality in HCBS programs and adds protections for individuals receiving services. In addition, this rule reflects CMS' intent to ensure that individuals receiving services and supports through Medicaid's HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting.



Home and Community Based Services Regulation:

- Defines and describes the requirements for home and community-based settings appropriate for the provision of HCBS under section 1915(c) HCBS waivers, section 1915(i) State Plan HCBS and section 1915(k) (Community First Choice) authorities;
- Defines person-centered planning requirements across the section 1915(c) and 1915(i) HCBS authorities;
- Provides CMS with additional compliance options beyond waiver termination for 1915(c) HCBS waiver programs.



Next Steps for implementation of the new rule:

States submitting a 1915(c) waiver renewal or waiver amendment within the first year after the effective date of the rule may need to develop a transition plan to ensure that specific waiver or state plan meets the settings requirements. Within 120 days of the submission of that 1915(c) waiver renewal or waiver amendment the state needs to submit a plan that lays out timeframes and benchmarks for developing a transition plan for all the state's approved 1915(c) waiver and 1915(i) HCBS state plan programs. CMS will be issuing future guidance to provide the details regarding requirements for transition plans.



Bureau of Quality Improvement Services: Quality Vendor Contract



Quality Vendor Contract

Liberty of Indiana is the current Quality Vendor. Through the Indiana Department of Administration (IDOA) process, which requires contracts for Medicaid services to be re-bid after six years, a Request for Proposal (RFP) process occurred last fall.

The vendor selection is under review by IDOA and DDRS will share information regarding the selection in the coming weeks.



Changes in Scope of Work

- A Complaint Line will be established and managed by the contractor for DDRS' programs
- Establish a system to review VR Provider performance
- Establish quality components for Behavior Management Services



Changes in Scope of Work

- Conduct a quality review of all Behavior Management Service Providers
- Establish Re-approval requirements for Behavior Management Service Providers
- Conduct Provider reviews based on data
- Provide technical assistance to Providers



Changes Impacting Providers

Providers will be informed of any process changes prior to implementation:

Process changes being considered:

- Changing the name of surveyors to QA/QI Specialists.
- Complaint investigations occurring on weekends.
- Incident Report processing occurring 7 days a week – 24 hours a day.



RESOURCES

BQIS Helpline:

BQIS.Help@FSSA.IN.gov

BQIS Webpage:

www.IN.gov/FSSA/DDRS/2635

Complaint Line:

1-866-296-8322

Shelly Thomas
Assistant Director
(317) 234-2764

Janice Gross
Compliance Director
(317) 233-1645



Bureau of Rehabilitative Services

Vocational Rehabilitation:



VR – Rate Reform

- POSA Extension
 - 12 months
 - Focus on rate and training elements

- Rate Reform Workgroup - INARF
 - Determine Core Principles & Best Practices
 - Clarify VR Definitions and Processes (i.e., Tier 1 and Tier 2, milestones)
 - Focus on quality outcomes
 - Education and Training



VR – Staff Change

- Business and Community Engagement
 - Kristina Blankenship, Director of Business and Community Engagement
 - Virginia Bates, Transition Coordinator
 - Kristy Russell, Director of Outreach and Training

- BRS Policy and Due Process
 - Elizabeth Adedokun, Director of Policy and Due Process



Bureau of Child Development Services

First Steps



What is First Steps?

- A family-centered, locally-based, coordinated system that provides early intervention services to infants and young children with disabilities or who are developmentally vulnerable.
- By coordinating locally available services and bringing together families, professionals from education, health and social service agencies, First Steps is working to provide Indiana's children and their families the widest possible array of early intervention resources.
- Eligible participants in Indiana's First Steps system include children ages birth to three years, who are experiencing developmental delays and/or have a diagnosed condition that has a high probability of resulting in developmental delay.



Annual Performance Report

- Program metrics for FFY12 (July 1, 2012 – June 30, 2013)
- Indiana reports data on both federal compliance and target measures, as well as several state-identified priorities

Program Measures

- Timely Services
- Natural Environment
- Child Outcomes
- Family Outcomes
- Child count, 0-1
- Child count 0-3
- 45 Day IFSP Development
- Transition (3)
- General Supervision
- Due Process
- 5 Additional State Measures

FIRST STEPS REGIONS

Region 1 – Clusters A, B, and D

Region 2 – Clusters C, E, and H

Region 3 – Cluster G

Region 4 – Clusters F and I

Region 5 – Cluster J

Annual # of children served:
22,397





Timely Services

1. Children who receive EI services on their IFSPs in a timely manner (N=2934)





Individual Family Service Plan Development (45 Days)

7. Initial Evaluation and IFSP meeting conducted within 45 days





Transition Data

8A-C. Children who receive timely transition planning

- A. 100% of children had IFSPs with transition steps and services
- B. 100% of children potentially eligible for special ed where notification to LEA occurred
- C. 99.6% of children potentially eligible for special ed received timely transition planning





Program Complaints

- Total number of written signed complaints filed: 3
- Issues identified
 - Issuance of Written Prior Notice
 - Confidentiality
 - Service Delivery on IFSP

All substantiated complaints were resolved timely, and resulted in corrective action plans to specifically address violations.



Bureau of Developmental Disabilities



Group Home Conversion Update:

- 215 Individuals have converted from Group Home living arrangements to the CIH Waiver
- 39 Group Homes have completed the conversion
- 5 additional Group Homes serving 35 individuals have indicated their intention to convert to the waiver
- 54 individuals were transitioned from a large private ICF and the majority of these individuals went directly to the CIH Waiver

Overall: reduction of 275 “beds” in 40 facilities



Wellness Coordination

- The Centers for Medicare & Medicaid Services (CMS) is currently reviewing the proposed new service, and we anticipate that the service will be available during the near future.
- In order to expedite the provider enrollment process, we are encouraging providers to proceed with submitting their applications.
- Providers will not be added to the consumer pick list until Wellness Coordination is approved through CMS. An announcement will be distributed upon approval.



Providers approved for the CIH Waiver

If looking to add Wellness Coordination, the following must be completed and sent to Beth Goodrich, Director of Provider Relations at Beth.Goodrich@fssa.in.gov :

- Provider Request to Add Counties and Services Form. This can be found on the [Provider Relations' webpage](#). A provider must submit a request form for each location in which they would like to add the service.
- Qualifications of **ALL** RNs/LPNs who will provide Wellness Coordination. Qualifications include:
 - ✓ College transcripts
 - ✓ College diploma



Providers approved for the CIH Waiver

- ✓ Resume
- ✓ Criminal background checks (must be less than 90 days old)
 - State criminal background check
 - County background check
 - Nurse's aide registry check, also available on the [Provider Relations' webpage](#).
- ✓ Copy of valid Indiana licensure

Once the information is received, Provider Relations will check to see if the provider has any open CAPs and/or open complaints. If the provider has none, the service will be added. If the provider has any open, they will need to be closed before the service can be added.



Providers NOT currently approved for the CIH Waiver

Providers who are not currently approved for the CIH Waiver, must submit a new provider proposal packet along with the qualifications (listed above) of all of the RNs/LPNs who will perform Wellness Coordination. To view the new provider proposal packet requirements, please refer to the [Provider Relations' webpage](#).



DISCLAIMER:

As the Division moves forward with implementation of Wellness Coordination services, please be advised that final approval of this service rests with the Centers for Medicare & Medicaid Services (CMS). Any subsequently required changes, additions or clarifications will be announced and posted on DDRS' BDDS Webpage and included in the next update to the DDRS Waiver Manual. Upon approval by CMS, the entire 5th Amendment to the Community Integration and Habilitation Waiver will be posted to the BDDS webpage.

In addition, DDRS is currently working with INARF and other stakeholder groups to finalize the Wellness Coordination Plan and documentation requirements which will include identification of specific data points to assist in monitoring the overall outcome of the service. Prior to implementation a provider may withdraw their request to add the Wellness Coordination service based on any changes CMS may require or the Division's finalized documentation requirements.



Advocare Provider Portal

- Advocare provides interactive, online guidance and direction for all case management companies and their employees, including case manager responsibilities, expectations, and task deadlines; State policies and requirements; and access to required training and related supports.
- We envision the Provider Portal as a tool that:
 - Will help to enhance communication among the team
 - Allow all team members to view real time information about an individual
- Advocare offers a wealth of online training that providers will have access to
- Additional training modules could be developed for direct service providers



Advocare Provider Portal - continued

- Provider's will have access to individuals they are serving – this will be driven by the provider listed on the NOA
- Current Status:
 - A demonstration for a small group of providers is scheduled to elicit feedback
 - After the demonstration we will test the system with the same small group of providers
 - If all goes well we plan to roll out the new system by March 1, 2014
- Further communications will go out about the process prior to the roll out



Stateline Budgets Provider Tool

- Providers will be able to access the “provider tool” as they currently do to view budgets
- An option is being added to the tool which will allow providers to request a Stateline budget
 - Providers will be able to save the request and then submit it when they have completed it
- This will eliminate the current use of email
- We anticipate that this system will be ready for testing in the spring



FSW Waiting List Update

There are currently 3,194 individuals on the FSW Waiting List

Of those individuals who were targeted, accepted the waiver, and not yet been referred to a CMCO in 2013, DDRS has been evaluating where they are at in the process:

14%- Unable to contact

26%- Pending a Face to Face Meeting

35%- Pending a Confirmation of Diagnosis and/or Collateral Information

9%- Pending an initial LOCSI

16%- Families choosing a CMCO



FSW Waiting List Update

Next Steps:

1. Provide information to CMCO's and Providers regarding those consumers who are coming into the system by county
2. Evaluate our Confirmation of Diagnosis and collateral gathering process
3. Set expectations for local BDDS offices regarding timelines
4. Evaluate



Questions???